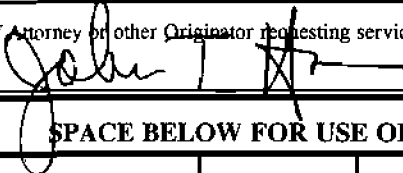
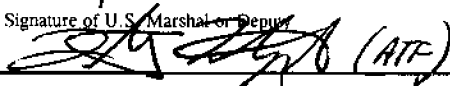
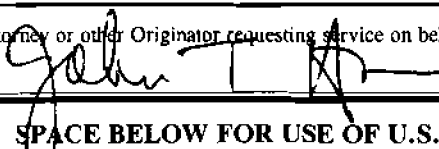
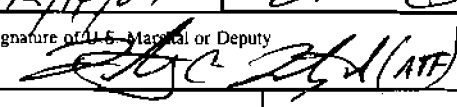


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|---|---|---|--------------------------------|--|--|------------------|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER 2:06CR223-MEF | | | | |
| DEFENDANT ADAM LAMAR ROBINSON | | TYPE OF PROCESS FINAL ORDER OF FORFEITURE | | | | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE NORINCO, MODEL MAK-90, 7.622MM RIFLE, BEARING SERIAL NUMBER 53074 | | | | | |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 | | | | | |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | | Number of process to be served with this Form - 285 | 1 | | | |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | | Number of parties to be served in this case | | | | |
| | | Check for service on U.S.A. | | | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) | | | | | | |
| AGENCY # 776045-06-0142 | | | | | | |
| Signature of Attorney or other Originator requesting service on behalf of :  | | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 | | | |
| ☑ PLAINTIFF ☐ DEFENDANT | | | | | | |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE | | | | | | |
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ | |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. | | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). | | | | | | |
| Name and title of individual served (if not shown above). | | | | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | | |
| Address (complete only if different than shown above) | | | | Date of Service 12/14/07 | Time 2 ⁰⁰ ₀₀ am | |
| | | | | Signature of U.S. Marshal or Deputy  (ATF) | | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount of Refund |

REMARKS:

| | | | |
|---|--|--|------------------------------------|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER 2:06CR223-MEF | |
| DEFENDANT ADAM LAMAR ROBINSON | | TYPE OF PROCESS FINAL ORDER OF FORFEITURE | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE MOSSBERG, 28 INCH ACCU-CHOKE 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER L071845 | | |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 | | |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | | Number of process to be served with this Form - 285 | 1 |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | | Number of parties to be served in this case | |
| | | Check for service on U.S.A. | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0142 | | | |
| Signature of Attorney or other Originator requesting service on behalf of :  | | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 |
| | | | DATE 12/07/07 |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE | | | |
| I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No _____ | District of Origin No. _____ | District to Serve No _____ |
| Signature of Authorized USMS Deputy or Clerk | | Date | |
| <input checked="" type="checkbox"/> I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). | | | |
| Name and title of individual served (If not shown above) | | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| Address (complete only if different than shown above) | | Date of Service 12/14/07 | Time 2 ⁰⁰ pm |
| | | Signature of U.S. Marshal or Deputy  (ATF) | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges |
| Advance Deposits | Amount Owed to US Marshal or | | Amount or Refund |
| REMARKS: | | | |

| | | | |
|---|--|--|--------------------------------|
| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER 2:06CR223-MEF | |
| DEFENDANT ADAM LAMAR ROBINSON | | TYPE OF PROCESS FINAL ORDER OF FORFEITURE | |
| SERVE ↓ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE LORCIN, MODEL L-380, .380 CALIBER PISTOL, BEARING SERIAL NUMBER 033079 | | |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 | | |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | | Number of process to be served with this Form - 285 | 1 |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | | Number of parties to be served in this case | |
| | | Check for service on U.S.A. | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) | | | |
| AGENCY # 776045-06-0142 | | | |
| Signature of Attorney or other Originator requesting service on behalf of :  | | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
| | | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE | | | |
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ |
| Signature of Authorized USMS Deputy or Clerk | | Date | |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). | | | |
| Name and title of individual served (If not shown above). | | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| Address (complete only if different than shown above) | | Date of Service 12/14/07 | Time 2:00 pm |
| | | Signature of U.S. Marshal or Deputy  | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges |
| Advance Deposits | Amount Owed to US Marshal or | | Amount or Refund |
| REMARKS: | | | |

| | |
|---------------------------------------|--|
| PLAINTIFF UNITED STATES OF AMERICA | COURT CASE NUMBER 2:06CR223-MEF |
| DEFENDANT ADAM LAMAR ROBINSON | TYPE OF PROCESS FINAL ORDER OF FORFEITURE |

SERVE
↓
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ONE REMINGTON, MODEL 510, .22 CALIBER RIFLE, NO SERIAL NUMBER

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)
c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

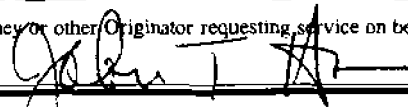
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

John T. Harmon
United States Attorney's Office
Assistant United States Attorney
Post Office Box 197
Montgomery, Alabama 36101-0197

| | |
|---|---|
| Number of process to be served with this Form - 285 | 1 |
| Number of parties to be served in this case | |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

| | | | |
|--|---|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of :  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
|--|---|------------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

| | |
|---|---|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
|---|---|

| | | |
|---|--|-----------------|
| Address (complete only if different than shown above) | Date of Service 12/14/07 | Time 2:00 pm |
| | Signature of U.S. Marshal or Deputy  (ATF) | |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

| | |
|---------------------------------------|--|
| PLAINTIFF UNITED STATES OF AMERICA | COURT CASE NUMBER 2:06CR223-MEF |
| DEFENDANT ADAM LAMAR ROBINSON | TYPE OF PROCESS FINAL ORDER OF FORFEITURE |

| | |
|-------------|---|
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE MARLIN, MODEL 110M, .22 CALIBER RIFLE, BEARING SERIAL NUMBER 72430804 |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 |

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | Number of process to be served with this Form - 285 | 1 |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | Number of parties to be served in this case | |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

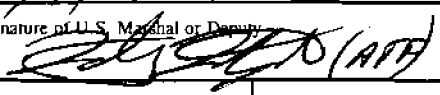
| | | | |
|---|---|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of :  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
|---|---|------------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | No. _____ | No. _____ | No. _____ | | |

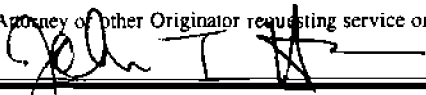
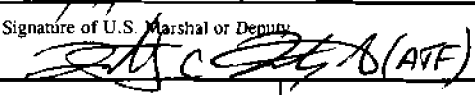
I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

| | | |
|---|--|-----------------|
| Name and title of individual served (if not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| Address (complete only if different than shown above) | Date of Service 12/14/07 | Time 2:00 am |
| | Signature of U.S. Marshal or Deputy  (ATF) | |

| | | | | | | |
|-------------|---|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|---|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

| | | | | | |
|---|--|---------------------------------|--|---|--|
| PLAINTIFF UNITED STATES OF AMERICA | | | | COURT CASE NUMBER 2:06CR223-MEF | |
| DEFENDANT ADAM LAMAR ROBINSON | | | | TYPE OF PROCESS FINAL ORDER OF FORFEITURE | |
| SERVE ↓ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE ITHACA, 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER 191691 | | | | |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 | | | | |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | | | Number of process to be served with this Form - 285 | 1 | |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | | | Number of parties to be served in this case | | |
| | | | Check for service on U.S.A. | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0142 | | | | | |
| Signature of Attorney or other Originator requesting service on behalf of :  | | | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE | | | | | |
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). | | | | | |
| Name and title of individual served (If not shown above): | | | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode | | |
| Address (complete only if different than shown above) | | | Date of Service 12/14/07 | Time 2:00 pm | |
| | | | Signature of U.S. Marshal or Deputy  | | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or Amount or Refund |
| REMARKS. | | | | | |

| | |
|---------------------------------------|--|
| PLAINTIFF UNITED STATES OF AMERICA | COURT CASE NUMBER 2:06CR223-MEF |
| DEFENDANT ADAM LAMAR ROBINSON | TYPE OF PROCESS FINAL ORDER OF FORFEITURE |

| | |
|-------------|---|
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE MOSSBERG, MODEL 500 AG, 12 GAUGE SHOTGUN, BEARING SERIAL NUMBER J190660 |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 |

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | Number of process to be served with this Form - 285 | 1 |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | Number of parties to be served in this case | |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

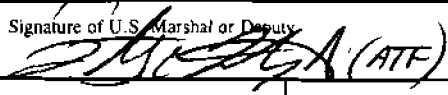
| | | | |
|---|---|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of :  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
|---|---|------------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

| | | |
|---|--|-----------------|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | |
| Address (complete only if different than shown above) | Date of Service 12/14/07 | Time 2:00 pm |
| | Signature of U.S. Marshal or Deputy  (ATF) | |

| | | | | | | |
|-------------|---|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|---|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

| | |
|---------------------------------------|--|
| PLAINTIFF UNITED STATES OF AMERICA | COURT CASE NUMBER 2:06CR223-MEF |
| DEFENDANT ADAM LAMAR ROBINSON | TYPE OF PROCESS FINAL ORDER OF FORFEITURE |

SERVE
↓
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ONE MARLIN, MODEL 60W, .22 CALIBER RIFLE, BEARING SERIAL NUMBER 04249700

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served
with this Form - 285

1

John T. Harmon
United States Attorney's Office
Assistant United States Attorney
Post Office Box 197
Montgomery, Alabama 36101-0197

Number of parties to be served
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

12/07/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more than
one USM 285 is submitted)

Total Process

No. _____

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).

☐ A person of suitable age and discretion then
residing in the defendant's usual place of abode

Address (complete only if different than shown above)

Date of Service

12/14/07

Time

2:00 pm

Signature of U.S. Marshal or Deputy

2510 [Signature] (ATF)

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount or Refund

REMARKS:

| | |
|---------------------------------------|--|
| PLAINTIFF UNITED STATES OF AMERICA | COURT CASE NUMBER 2:06CR223-MEF |
| DEFENDANT ADAM LAMAR ROBINSON | TYPE OF PROCESS FINAL ORDER OF FORFEITURE |

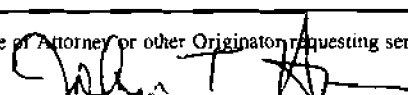
**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ONE SMITH AND WESSON, MODEL 442, .38 CALIBER REVOLVER, SERIAL NUMBER BUA1311
ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)
c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

| | | |
|--|---|---|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: | Number of process to be served with this Form - 285 | 1 |
| John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 | Number of parties to be served in this case | |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

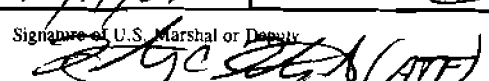
| | | | |
|--|---|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of :  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (334) 223-7280 | DATE 12/07/07 |
|--|---|------------------------------------|------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
|---|----------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

| | |
|--|---|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service 12/14/07 |
| | Time 2:04 pm |
| Signature of U.S. Marshal or Deputy  (ATF) | |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER
2:06CR223-MEF

DEFENDANT
ADAM LAMAR ROBINSON

TYPE OF PROCESS
FINAL ORDER OF FORFEITURE

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ONE SWD DERRINGER, MODEL DD45, .45 CALIBER FIREARM, NO SERIAL NUMBER

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285 1

John T. Harmon
United States Attorney's Office
Assistant United States Attorney
Post Office Box 197
Montgomery, Alabama 36101-0197

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

AGENCY # 776045-06-0142

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

12/07/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

No. _____

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode

Address (complete only if different than shown above)

Date of Service

12/14/07

Time

2:00 am

Signature of U.S. Marshal or Deputy

[Signature] (ATF)

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount or Refund

REMARKS:

PRIOR EDITIONS MAY
BE USED

FORM USM 285 (Rev. 12/15/80)